74A106 (12-04) Commonwealth of Kentucky DEPARTMENT OF REVENUE

INSURANCE PREMIUMS TAX RETURN CAPTIVE INSURER

For Calendar Year 20____

FOR OFFICIAL USE ONLY

 $\frac{3}{\text{Tax}} \frac{2}{\text{/ } 2} \frac{2}{\text{Year}} \frac{0}{\text{/ } 1} \frac{1}{\text{Tr.}}$

FEI	N		NAIC/ TAX ID		
Com	pany N	iame			
Hom	e Offic	e Address (Number and Street)			
Mailing Address (Post Office Box)				Telephone Number	
City		State	,	ZIP Code	
		TAX DUE—CAPTIVE INSURANCE	TAX (Kentucky Revised Statutes 304.4	9–220)	
<u>A.</u>	Insi	prance Premiums			
11.	1.	Total premium receipts			
	2.	Returned premiums			
	3.	Net premium receipts (subtract line 2 from line 1)			
	Cor	nputation of Tax			
	A.	.4% on the first \$20 million of premium receipts			
	В.	.3% on the next \$20 million of premium receipts			
	C.	.2% on the next \$20 million of premium receipts			
	D.	.075% on each dollar of premium receipts thereafter			
	E.	Total tax on premium receipts		(A)	
B.	Ass	umed Reinsurance Premium Receipts			
	No reinsurance premium tax shall be payable in connection with the receipt of assets in exchange for the assumption and other liabilities of another insurer under common ownership and control if the transaction is part of a plan to operations of the other insurer, and if the intent of the parties to the transaction is to renew or maintain the business insurer.			part of a plan to discontinue the	
	Cor	nputation of Tax			
	A.	.225% on the first \$20 million of assumed reinsurance	oremium receipts		
	В.	.150% on the next \$20 million of assumed reinsurance			
	C.	.050% on the next \$20 million of assumed reinsurance			
	D.	.025% on each dollar of assumed reinsurance premium	-		
	E.	Total tax on assumed reinsurance premium receipts		(B)	
C	Tot	al Not Tay Lightlity Days add lines A and D (minimum \$5	000 dua)	Φ	
C.	100	al Net Tax Liability Due, add lines A and B (minimum \$5	,000 aue)	[\$	
		dersigned, declare under the penalties of perjury, that I has, and to the best of my knowledge and belief, they are tr	_	all accompanying schedules and	
		Signature of President or Chief Accounting Officer	Print Name	Date	
		REPORT PREPAR	RER'S INFORMATION		
		Signature	Title	Date	
		Print Name	Telephone Number		

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INSTRUCTIONS

Domestic and Foreign Captive Insurance Companies

- 1. Complete Section A and B of insurance premiums tax return.
- 2. Attach copies of schedules and exhibits from Annual Statement filed with the Kentucky Commissioner of Insurance.
- 3. File this return on or before March 1.

All Companies

- 1. All schedules, exhibits and itemized accounts required as supplements to this return shall be attached to, and shall become an integral part of, this return.
- 2. Supplements are a part of your Annual Statement. Legible reproductions are acceptable.
- 3. For additional information, contact the Financial Tax Section at (502) 564-4810.

MAKE CHECK PAYABLE TO KENTUCKY STATE TREASURER

MAIL TO: KENTUCKY DEPARTMENT OF REVENUE

Mailing Address: P.O. Box 1303, Frankfort, KY 40602-1303

Overnight Address: 1266 Louisville Road, Frankfort, KY 40601